

APPLICATION FOR INSTALLATION OF SPRINKLER SYSTEM

NEEDHAM FIRE DEPARTMENT

88 Chestnut Street • Needham, MA 02192 • (617) 455-7582

PROPERTY NAME _____

PROPERTY ADDRESS: _____

OWNER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: (____) _____

INSTALLER'S NAME _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PIPEFITTER'S LICENSE #: _____

PLUMBING PERMIT #: _____

MANUF. OF ALARM VALVE _____

MODEL #: _____

TYPE OF OCCUPANCY: _____

NUMBER OF STORIES: _____

BASEMENT (Y/N): _____

TOTAL FLOOR AREA: _____

PARKING GARAGE(S) (Y/N): _____

OF VALVES: _____

OF FLOW SWITCHES: _____

OF TAMPER SWITCHES: _____

OF STANDPIPES: _____

POST IND. VALVE: _____

EXCESS PRESSURE KIT: _____

FIRE PUMP: _____

MASTER BOX (Y/N): _____ CONNECTION: MUNICIPAL ☐ LOCAL ☐ CENTRAL OFFICE ☐

CENTRAL OFFICE COMPANY NAME: _____

PLEASE PROVIDE THE FOLLOWING WITH THIS APPLICATION:

_____ PLOT PLAN _____ STANDPIPE CALCS. _____ SYSTEM HYDRAULIC CALCS.

_____ FLOOR PLANS _____ EQUIPMENT CATALOG SHEETS _____ ONE LINE RISER (zones)

DESIGNER'S NAME & ADDRESS: _____

HIGHLIGHT ALL MAJOR COMPONENTS, INCLUDING ALL FLOW SWITCHES AND TAMPER SWITCHES BEFORE SUBMITTING DRAWINGS.

EQUIPMENT MUST BE INSTALLED IN ACCORDANCE WITH THE NEEDHAM FIRE DEPARTMENT RULES AND REGULATIONS GOVERNING SPRINKLER SYSTEMS AND MANUFACTURER'S INSTALLATION INSTRUCTIONS.

APPLICATION IS HEREBY MADE FOR APPROVAL FOR THE INSTALLATION OF A SPRINKLER SYSTEM.

DATE: _____ NAME: _____ SIGNATURE: _____
OWNER OR OWNER'S REP. OWNER OR OWNER'S REP.

NOTE: Upon receipt of application, properly executed, applicant will be advised as to the submittal of additional information and date required, such as detailed description, drawings, photographs, or laboratory test reports.

FEES PAID: _____ FIRE DEPARTMENT SIGNATURE: _____